PAGE 1 / 22

## **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

I OKWI 3X	For Other Than An	Authorized Comm	ittee	Offic	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If ty over the lines		12FE4M5	
Protecting Choice in	California, a projec	ct of Planned Pare	enthood Af	filiates of Califo	ornia
ADDRESS (number and street) ▼	555 Capitol Mall, Suit	e 1425			
Check if different than previously reported. (ACC)	Sacramento			CA 95	5814
2. FEC IDENTIFICATION	NUMBER ▼	CITY ▲		STATE A	ZIP CODE ▲
C C00556860		3. IS THIS REPORT	NEW (N) <b>OR</b>	AMEND (A)	ED
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2)  Mar 20 (M3)  Apr 20 (M4)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (M Sep 20 (M Oct 20 (M	(Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report  July 15 Quarterly Report  October 15 Quarterly Report	(Q2) PRE-Electing Report for			General (12G) Special (12S)	Runoff (12R)
January 31 Year-End Report		Election on	/ D D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-elec Year Only) (MY)	tion POST-Elect	· ·	30G)	Runoff (30R)	Special (30S)
Termination Repo		Election on 11	08	2016	in the State of CA
5. Covering Period		2016 through	n 11	/ D D / Y 28	2016
I certify that I have examined Type or Print Name of Treasu	OConnor, Rose, , ,	est of my knowledge an	d belief it is tr	rue, correct and com	pplete.
Signature of Treasurer	Connor, Rose, , ,	[Electronic	ally Filed]	Date 12	08 / 2016
NOTE: Submission of false, erro	oneous, or incomplete info	rmation may subject the p	person signing	this Report to the per	nalties of 52 U.S.C. § 30109
Office Use				F	EC FORM 3X Rev. 05/2016

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

## Protecting Choice in California, a project of Planned Parenthood Affiliates of California

10 20 2016 11 28 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 121477.43 January 1, 2016 (b) Cash on Hand at 83359.85 Beginning of Reporting Period..... 23040.77 148695.33 Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 270172.76 106400.62 6(a) and 6(c) for Column B)..... 47869.94 211642.08 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 58530.68 58530.68 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 6134.25 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

### Protecting Choice in California, a project of Planned Parenthood Affiliates of California

10 20 2016 11 28 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 13824.46 77541.09 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized ..... (iii) TOTAL (add 77541.09 13824.46 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 9216.31 65154.24 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 142695.33 23040.77 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 6000.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 23040.77 148695.33 20. Total Federal Receipts 23040.77 148695.33 (subtract Line 18(c) from Line 19) .......▶

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
21. Operating Expenditures: (a) Allocated Federal/Non-Federal			Calcinati Total to Date		
- '	om Schedule H4)	0.00	0.00		
(i) Fede	ral Share	0.00	0.00		
` '	Federal Share	0.00	0.00		
	leral Operating res	0.00	125365.01		
(c) Total Ope	rating Expenditures		1 1 1 1 1 1 1 1 1		
	)(i), (a)(ii), and (b))▶	0.00	125365.01		
	ffiliated/Other Party	0.00	0.00		
. Contributions t Federal Candid	o dates/Committees	4 4			
and Other Poli Independent E	tical Committees	0.00	0.00		
(use Schedule	E)	45115.30	52073.83		
(52 U.S.C. § 3	arty Expenditures	200	4 4 4		
(use Schedule	F)	0.00	0.00		
Loan Repayme	ents Made	0.00	0.00		
Loans Made		0.00	0.00		
Refunds of Co		7 7	4 4		
	tical Committees	0.00	0.00		
(b) Political P	arty Committees	0.00	0.00		
` '	itical Committees	4 4 4 4 4 4			
	PACs)	0.00	0.00		
` '	tribution Refunds s 28(a), (b), and (c))	0.00	0.00		
		4	4- 4- 4- 4-		
	ements (Including onations)	2754.64	34203.24		
	_	2734.04	04200.24		
	on Activity (52 U.S.C. § 30101(20)) Federal Election Activity				
(from Sch	-				
	I Share	0.00	0.00		
(jj) "I evin"	' Share	0.00	0.00		
(b) Federal E	lection Activity Paid	0.00	0.00		
-	/ith Federal Fundseral Election Activity (add	0.00	0.00		
	a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
	_	7 7 7	4 4 4		
	ments (add Lines 21(c), 22, , 27, 28(d), 29 and 30(c))		044040		
		47869.94	211642.08		
Total Federal I					
	21(a)(ii) and Line 30(a)(ii)	47869.94	044040.00		
/	_	71009.94	211642.08		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC Form 3X (Rev. 05/2016)		Page <b>3</b>
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	23040.77	142695.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23040.77	142695.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	125365.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	125365.01

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:			PAGE	6	OF	22			
(check only one)									
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Planned Parenthood Advocacy Project Los Angeles County Date of Receipt Mailing Address 400 West 30th Street 17 2016 City State Zip Code Transaction ID: IDTA45 CA Los Angeles 90007 Amount of Each Receipt this Period FEC ID number of contributing 13824.46 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 13824.46 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Planned Parenthood Affiliates of California Date of Receipt Mailing Address 555 Capitol Mall, Suite 510 2016 City State Zip Code Transaction ID: INCA862IDTA45 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 13824.46 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 29040.77 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 13824.46 SUBTOTAL of Receipts This Page (optional)..... 13824.46 TOTAL This Period (last page this line number only).....

## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SA11AI Transaction ID: IDTA45

Earmarked contribution received through Planned Parenthood Affiliates of California

Form/Schedule: SA11AI

Transaction ID: INCA862IDTA45

Conduit for above contribution

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

		FOR LINE NUMBER: PAGE 8 O								22
Use separate schedule(s) for each category of the Detailed Summary Page	(che	(check only one)								
		11a		11b	X	11c		12		
		13		14		15		16		17
not be sold or used by any person for the nurnose of soliciting contributions										

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Planned Parenthood Advocacy Project Los Angeles County Action Fund Date of Receipt Mailing Address 555 Capitol Mall, Suite 1425 2016 17 City Zip Code State Transaction ID: IDTA46 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 9216.31 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 9216.31 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Planned Parenthood Affiliates of California Date of Receipt Mailing Address 555 Capitol Mall, Suite 510 2016 City State Zip Code Transaction ID: INCA863IDTA46 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 9216.31 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 29040.77 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 9216.31 SUBTOTAL of Receipts This Page (optional)..... 9216.31 TOTAL This Period (last page this line number only).....

## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SA11C Transaction ID: IDTA46

Earmarked contribution received through Planned Parenthood Affiliates of California

Form/Schedule: SA11C

Transaction ID: INCA863IDTA46

Conduit for above contribution

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		rate schedule(s)	FOR LINE NUMBER: PAGE 10 OF 22 (check only one)			
	Detailed S	category of the Summary Page	21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full) Protecting Choice in California, a pr						
Full Name (Last, First, Middle Initial)  A. Planned Parenthood Affiliates of Ca	alifornia			Date of Disbursement		
Mailing Address 555 Capitol Mall, Suite 510		1		11 09 2016		
Sacramento	State CA	Zip Code 95814		FEC Identification Number		
Purpose of Disbursement Independent Expenditures - Non Federal Expense Candidate Name			011 Category/	Transaction ID : EXPB864 Amount of Each Disbursement this Period		
	nent For: Primary Other (spec	General	Туре	1606.98  Memo Item		
Full Name (Last, First, Middle Initial)  B. Planned Parenthood Affiliates of Ca  Mailing Address 555 Capitol Mall, Suite 510		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Sacramento Purpose of Disbursement In-kind Contribution - Non Federal Expense	State CA	Zip Code 95814	011	FEC Identification Number  C  Transaction ID : EXPB865		
	nent For: Primary Other (spec	General	Category/ Type	Amount of Each Disbursement this Period  1147.66  Memo Item		
Full Name (Last, First, Middle Initial)  Mailing Address				Date of Disbursement		
	State	Zip Code				
Purpose of Disbursement	otate	Zip Code		FEC Identification Number		
Candidate Name	Amount of Each Disbursement this Period					
President	nent For: Primary Other (spec	General cify) ▼	Туре	Memo Item		
State: District:						
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).				2754.64 2754.64		

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 11 OF 2
FOR LINE NUMBER:
(check only one) 9

x 10

NAME OF COMMITTEE (In Full)  Protecting Choice in California, a projection	ect of Plar	nned Parenthood A	ffiliates of California				
A. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of	Nature of Debt (Purpose): Staff Time & Website for Voter Guide; 5/19/16 - 6/30/16						
Mailing Address 555 Capitol Mall, Suite 510	Mailing Address 555 Capitol Mall, Suite 510						
City Sacramento							
Outstanding Balance Beginning This Period			Transaction ID : PAYD769				
1.20	_						
Amount Incurred This Period	Payr	ment This Period 0.00	Outstanding Balance at Close of This Period				
0.00	7	0.00	1.20				
B. Full Name (Last, First, Middle Initial) of Debtor of Planned Parenthood Affiliates of 0			Nature of Debt (Purpose): Staff Time & Website for Voter Guide; 5/19/16 - 6/30/16				
Mailing Address 555 Capitol Mall, Suite 510			-				
City Sacramento							
Outstanding Balance Beginning This Period 32.66			Transaction ID : PAYD770				
Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period				
0.00		0.00	32.66				
C. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of		ì	Nature of Debt (Purpose): Website & Voter Guide Various Unitemized Candidates				
Mailing Address 555 Capitol Mall, Suite 510							
City Sacramento	State CA	Zip Code 95814					
Outstanding Balance Beginning This Period 42.80			Transaction ID: PAYD796				
Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period				
0.00		0.00	42.80				
1) SUBTOTALS This Period This Page (optional)			76.66				
2) TOTALS This Period (last page this line number of	nly)	<b>&gt;</b>					
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	7 7				
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶							

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 12 OF 22
FOR LINE NUMBER:
(check only one) 9

x 10

			<b>x</b> 10			
NAME OF COMMITTEE (In Full) Protecting Choice in California, a pro	oject of Pla	anned Parenthood	Affiliates of California			
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of Debt (Purpose):			
Planned Parenthood Affiliates	Data for Voter Guide					
Mailing Address 555 Capitol Mall, Suite 510						
011	1 0	7: 0 1				
City Sacramento	State	Zip Code 95814				
Outstanding Balance Beginning This Period	1 00011					
468.75						
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period			
0.00		0.00	468.75			
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Purpose):			
Planned Parenthood Affiliates of		а	Non Monetary Contribution to Planned Parenthood Northern California Action Fund,			
Mailing Address 555 Capitol Mall, Suite 510			ID #C90014242			
City	City State Zip Code					
Sacramento	CA	95814				
Outstanding Balance Beginning This Period			Transaction ID : PAYD834			
449.18						
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period			
0.00		0.00	449.18			
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of Debt (Purpose):			
Planned Parenthood Affiliates		ia	Non Monetary contribution to We Vote - Nosotros Votomas - PPAMM Committee, ID			
Mailing Address 555 Capitol Mall, Suite 510			#C00527226			
City	State	Zip Code				
Sacramento	CA	95814				
Outstanding Balance Beginning This Period			Transaction ID : PAYD835			
935.47						
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period			
0.00			935.47			
4	7	7	7 7 7			
SUBTOTALS This Period This Page (optional)			1853.40			
, , ,						
2) TOTALS This Period (last page this line numbe	r only)					
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	only)	·			
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page only)				

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE 13 OF FOR LINE NUMBER: (check only one) 9

excluding Loans			numbered li	ne)	<b>X</b> 10
NAME OF COMMITTEE (In Full)					
Protecting Choice in California, a proje	ct of Plan	ned Parentho	od Affiliate	es of Californ	ia
A. Full Name (Last, First, Middle Initial) of Debtor o	Nature	e of Debt (Purpose	١٠		
Planned Parenthood Affiliates of	Non I	Monetary Donation	to Planned		
Flamed Farentinood Amiliates of	Callionna			nthood Central Coa 1006701	st Action Fund, ID
Mailing Address 555 Capitol Mall, Suite 510					
City	State	Zip Code			
Sacramento	CA	95814			
Outstanding Balance Beginning This Period	ı	1	Trar	nsaction ID : PAYD	836
156.11					
7 7 7					
Amount Incurred This Period	Paym	nent This Period	Outs	standing Balance a	t Close of This Period
0.00	1 1 25 1	0.0	00		156.11
, , , , , , , , , , , , , , , , , , , ,	,	,		,	,
B. Full Name (Last, First, Middle Initial) of Debtor or Planned Parenthood Affiliates of C				e of Debt (Purpose) Monetary contribution	
Planned Parenthood Anniates of C	allionna		Parer	nthood Ádvocacy Pr	oject of Los Angeles
Mailing Address 555 Capitol Mall, Suite 510			Coun	ty ID #C90006149	
· ·					
City Sacramento	State CA	Zip Code 95814			
	UA .	33014			
Outstanding Balance Beginning This Period			Tra	nsaction ID : PAYI	D837
572.08					
Amount Incurred This Period	Paym	nent This Period	Outs	standing Balance a	t Close of This Period
0.00		0.0	00		572.08
7	7	7		7	4
C. Full Name (Last, First, Middle Initial) of Debtor of				e of Debt (Purpose	
Planned Parenthood Affiliates of	California			Monetary Contributi nthood Pasadena a	on to Planned nd San Gabriel Valley
Mailing Address 555 Capitol Mall Suite 510				ood i doddona d	na can casner rane,
Mailing Address 555 Capitol Mall, Suite 510					
City	State	Zip Code			
Sacramento	CA	95814			
Outstanding Balance Beginning This Period			Tra	nsaction ID : PAY	D838
146.29					
Amount Incurred This Pariod	Povm	ont This Poriod	Outo	standing Balanco a	t Close of This Period
	Amount Incurred This Period Payment This Period				
0.00		0.0	00		146.29
1) SUBTOTALS This Period This Page (optional)					874.48
-,			- H		7
2) TOTALS This Period (last page this line number on	nly)		▶		
a) TOTAL CUITOTANDING LOADS (	//································	٨			
3) TOTAL OUTSTANDING LOANS from Schedule C (	iast page only	y)	<b>^</b>		<del></del>
4) ADD 2) and 3) and carry forward to appropriate line	e of Summary	Page (last page or	nly) ▶	7	_

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 14 OF

FOR LINE NUMBER:
(check only one)

-xcidding Loans			numbered line)	<b> X</b>   10		
NAME OF COMMITTEE (In Full) Protecting Choice in California, a projection	ect of Plar	nned Parentho	od Affiliates of	California		
A. Full Name (Last, First, Middle Initial) of Debtor of Planned Parenthood Affiliates of	Parenthood /	ot (Purpose): ry contribution to Planned Action Fund of the Pacific D #C900011412				
Mailing Address 555 Capitol Mall, Suite 510						
City Sacramento	State CA	Zip Code 95814				
Outstanding Balance Beginning This Period 558.18			Transaction	n ID : PAYD839		
Amount Incurred This Period	Payn	nent This Period	Outstanding	Balance at Close of This Period		
0.00		0.0	0	558.18		
B. Full Name (Last, First, Middle Initial) of Debtor o Planned Parenthood Affiliates of (  Mailing Address 555 Capitol Mall, Suite 510		y cont. to Planned Parenthood in Bernardino Counties Action				
- coo capitol mail, cuito e lo	10:	7: 0 1				
City State Zip Code Sacramento CA 95814						
Outstanding Balance Beginning This Period 463.96			Transactio	on ID : PAYD840		
Amount Incurred This Period	Payn	nent This Period	Outstanding	Balance at Close of This Period		
0.00		0.0	0	463.96		
C. Full Name (Last, First, Middle Initial) of Debtor of Planned Parenthood Affiliates of		Γ	Nature of Del Staff Time	ot (Purpose):		
Mailing Address 555 Capitol Mall, Suite 510						
City Sacramento	State CA	Zip Code 95814				
Outstanding Balance Beginning This Period 2.39			Transactio	on ID : PAYD845		
Amount Incurred This Period	Outstanding	Balance at Close of This Period				
0.00		2.3	9	0.00		
1) SUBTOTALS This Period This Page (optional)				1022.14		
2) TOTALS This Period (last page this line number of	nly)		>	<del></del>		
3) TOTAL OUTSTANDING LOANS from Schedule C	>					
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶						

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 15 OF 22
FOR LINE NUMBER:
(check only one) 9

x 10

	ME OF COMMITTEE (In Full) rotecting Choice in California, a proj	ect of Pla	inned Parenthood	Affiliates of California				
	A. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of	Nature of Debt (Purpose): Staff Time - Various unitemized candidates; no candidate exceeds \$200						
	Mailing Address 555 Capitol Mall, Suite 510							
	City State Zip Code Sacramento CA 95814							
	Outstanding Balance Beginning This Period			Transaction ID : PAYD846				
	90.95	Do	ment This Devied	Outstanding Polynog at Class of This Pariod				
	Amount Incurred This Period  0.00	Pay	ment This Period 90.95	Outstanding Balance at Close of This Period  0.00				
	0.00	7	30.30	0.00				
	B. Full Name (Last, First, Middle Initial) of Debtor of Planned Parenthood Affiliates of (		l	Nature of Debt (Purpose): Staff Time: 11/1 - 11/15				
	Mailing Address 555 Capitol Mall, Suite 510							
	City Sacramento	State CA	Zip Code 95814					
	Outstanding Balance Beginning This Period  0.00	Transaction ID : PAYD859						
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period				
	2205.89		0.00	2205.89				
	C. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of		a	Nature of Debt (Purpose): Website; various unitemized candidates				
Ì	Mailing Address 555 Capitol Mall, Suite 510							
İ	City Sacramento	State CA	Zip Code 95814					
	Outstanding Balance Beginning This Period  0.00			Transaction ID : PAYD860				
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period				
	1.41		0.00	1.41				
1)	SUBTOTALS This Period This Page (optional)			2207.30				
2)	TOTALS This Period (last page this line number of	only)		7 7				
3)	TOTAL OUTSTANDING LOANS from Schedule C							
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶							

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 16 OF
FOR LINE NUMBER:
(check only one)

22

9

**X** 10

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 State Zip Code Sacramento CA 95814 Transaction ID: PAYD861 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 100.27 0.00 100.27 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 100.27 1) SUBTOTALS This Period This Page (optional)..... 6134.25 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... 6134.25 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES			PAGE 17 OF 22 FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full)  Protecting Choice in California, a projection of California	ect of Planr	ned Parenthood	FEC IDENTIFICATION NUMBER ▼			
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on			
Full Name of Payee Planned Parenthood Affiliates of Californ	ia	☐ Memo	Item Date of Public Distribution/Dissemination			
Mailing Address 555 Capitol Mall, Suite 510			Amount			
City	State	Zip Code	2.39			
Sacramento	CA	95814	Transaction ID : PDTE107  Date of Disbursement or Obligation			
Purpose of Expenditure Staff Time for Voter Guide & Online Advertising		Category/ Type 24E	11 / 09 / 2016			
Name of Federal Candidate:		<b>X</b> Support	Office Sought: House District:			
Clinton, Hillary, , ,		Oppose	🗶 President Senate State:			
Calendar Year-To-Date Per Election for Office Sought	7	7358.36	Disbursement For: ☐ Primary			
Full Name of Payee Planned Parenthood Affiliates of California  Date of Public Distribution/Dissemination  10  Date of Public Distribution/Dissemination  10  Date of Public Distribution/Dissemination  2016						
Mailing Address 555 Capitol Mall, Suite 510			Amount			
City Sacramento	State	Zip Code 95814	90.95 Transaction ID : PDTE108			
Purpose of Expenditure Staff Time- Various Unitemized Candidates; no car exceeds \$200		Category/ Type 24E	Date of Disbursement or Obligation  11 09 2016			
Name of Federal Candidate:		<b>✗</b> Support	Office Sought: House District:			
candidates, Multiple, , ,		Oppose	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought	7 1 7	0.00	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures						
(a) SUBTOTAL of Unitemized Independent Expenditur	es		•			
(a) TOTAL Independent Expenditures			<b>•</b>			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized					
OConnor, Rose, , ,	Electronically Fil	ed1	M M / D D / Y Y Y Y			
Signature	Jiii	Date	e 12 08 2016			

TEMIZED INDEPENDENT EXPENDITURES			
TEMIZED INDEPENDENT EXPENDITURES			PAGE 18 OF 22 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			
Protecting Choice in California, a proje	ect of Planr	ned Parenthood	FEC IDENTIFICATION NUMBER ▼
Affiliates of California			C C00556860
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y Y
Full Name of Payee Planned Parenthood Affiliates of Californ	ia	☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 555 Capitol Mall, Suite 510			10 22 2016 Amount
		1	
City	State	Zip Code	78.42
Sacramento	CA	95814	Transaction ID : EDTEALC36  Date of Disbursement or Obligation
Purpose of Expenditure Travel Expenses; 10/22 - 11/9		Category/ Type 24E	E 11 / 09 / 2016
Name of Federal Candidate:		X Support	Office Sought: House District:
Clinton, Hillary, , ,		Oppose	riodsc State:
Calendar Year-To-Date			Disbursement For: Primary 🕱 General
Per Election for Office Sought	, , ,	7358.36	2016 Other (specify) ▶
Full Name of Payee Planned Parenthood Affiliates of Calif	Item Date of Public Distribution/Dissemination		
Mailing Address 555 Capitol Mall, Suite 510			Amount
City	State	Zip Code	78.42
Sacramento	CA	95814	Transaction ID : EDTEALC37 Date of Disbursement or Obligation
Purpose of Expenditure Travel Expenses; 10/22 - 11/9		Category/ Type 24E	M M / D D / Y Y Y Y
Name of Federal Candidate:		<b>x</b> Support	Office Sought: House District:
Masto, Catherine Cortez, , ,		Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	7	39403.66	Disbursement For: ☐ Primary
(a) SUBTOTAL of Itemized Independent Expenditures			156.84
(a) SOBTOTAL OF ROTHERON HOUSENESS EXPONENTS.			
(a) SUBTOTAL of Unitemized Independent Expenditur	es		<b>•</b>
(a) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	-	·
OConnor, Rose, , ,	Electronically File	led] Date	e 12 08 2016

SCHEDULE E (FEC FOITH 3X) ITEMIZED INDEPENDENT EXPENDITURES				2.05 40 05 00		
TEMIZED INDEFENDENT EXPENDITORES				PAGE 19 OF 22 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)						
Protecting Choice in California, a project of Planned Parenthood						
Affiliates of California				C C00556860		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y		
Full Name of Payee Planned Parenthood Affiliates of Californ	nia	☐ Memo	Item Da	ate of Public Distribution/Dissemination		
Mailing Address 555 Capitol Mall, Suite 510			An	nount		
City	State	Zip Code	— F	18.47		
Sacramento	CA	95814		ansaction ID : EDTEALC38 tte of Disbursement or Obligation		
Purpose of Expenditure Staff Time & Expenses		Category/ Type 24E		11 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		<b>✗</b> Support	Office So	ought: House District:		
Clinton, Hillary, , ,		Oppose	<b>X</b> Pre	esident Senate State:		
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	7358.36	Disburser 2016	ment For:  Primary		
Full Name of Payee Planned Parenthood Affiliates of California  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  10  22  10  10  10  10  10  10  10  10						
Mailing Address 555 Capitol Mall, Suite 510  Amount						
City	State	Zip Code		608.45		
Sacramento	CA	95814		ransaction ID : EDTEALC39 tte of Disbursement or Obligation		
Purpose of Expenditure Staff Time & Expenses		Category/ Type 24E		11 / 09 / 2016		
Name of Federal Candidate:		<b>x</b> Support	Office So	ought: House District:		
candidates, Multiple, , ,		Oppose	Pre	esident Senate State:		
Calendar Year-To-Date Per Election for Office Sought	7 1 7	0.00	Disburser 2016	ment For:		
(a) SUBTOTAL of Itemized Independent Expenditures				626.92		
(a) SUBTOTAL of Unitemized Independent Expenditure	'es		<b>•</b> _			
(a) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
OConnor, Rose, , ,	Electronically Fil	ed] Date	M M M M 12	08 2016		
0:		_				

## SCHEDULE E (FEC Form 3X)

3011LB0LL L (1 L0 1 01111 0/1)					
TEMIZED INDEPENDENT EXPENDITURES				PAGE 20 OF 22	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
Protecting Choice in California, a project of Planned Parenthood					
Affiliates of California			-	C C00556860	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y	
Full Name of Payee		<b>✗</b> Memo	Item Da	ate of Public Distribution/Dissemination	
Planned Parenthood Affiliates of Californ	ia			M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1	
Mailing Address 555 Capitol Mall, Suite 510					
			Ar	mount	
City	State	Zip Code		1036.10	
Sacramento	CA	95814		ransaction ID : PDTE111 ate of Disbursement or Obligation	
Purpose of Expenditure Staff Time & Online Ads; 11/1 - 11/8		Category/ Type 24E		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		Support	Office So	ought: House District:	
Clinton, Hillary, , ,		Oppose		esident Senate State:	
Calendar Year-To-Date			Disburse	ment For: Primary Seneral	
Per Election for Office Sought	<u></u>	7358.36	2016	Other (specify) ▶	
Full Name of Payee		<b>✗</b> Memo	Item Da	ate of Public Distribution/Dissemination	
Planned Parenthood Affiliates of Calif	ornia			11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 555 Capitol Mall, Suite 510					
			Ar	mount	
City	State	Zip Code		1169.79	
Sacramento	CA	95814		ransaction ID : PDTE112 ate of Disbursement or Obligation	
Purpose of Expenditure Staff Time; 11/1 - 11/8		Category/ Type 24E		11 / 20 / Y Y Y Y Y Y 2016	
Name of Federal Candidate:		<b>✗</b> Support	Office So	ought: House District:	
Masto, Catherine Cortez, , ,		Oppose	Pre	esident Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		39403.66	Disburse 2016	ment For:  Primary	
	,				
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00	
(a) SUBTOTAL of Unitemized Independent Expenditure	es		•		
(a) TOTAL Independent Expenditures			<b>•</b>		
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its	te or authorized				
OConnor, Rose, , , [.	Electronically File	ed]	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	

# SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES				PAGE 21 OF 22		
FOR LINE 24 OF FORM 3X						
NAME OF COMMITTEE (In Full)	act of Diana	and Daranthand		FEC IDENTIFICATION NUMBER ▼		
Protecting Choice in California, a project of Planned Parenthood Affiliates of California						
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y		
Full Name of Payee The Pivot Group, Inc.		☐ Memo	M	of Public Distribution/Dissemination		
Mailing Address 1720 I Street, NW, Suite 550			Amour	11 01 2016		
0.11	1 01 1	7. 0.1		20140.40		
City Washington	State DC	Zip Code 20006	I	22119.10  action ID : EDTEALC32  If Disbursement or Obligation		
Purpose of Expenditure Mailer		Category/ Type 24E	М	11 02 2016		
Name of Federal Candidate:		Support	Office Sough	t: House District:		
Masto, Catherine Cortez, , ,		Oppose	Preside	NIV/		
Calendar Year-To-Date Per Election for Office Sought	7 1 7	39403.66	Disbursement 2016 Of	t For: Primary <b>X</b> General ther (specify) ▶		
Full Name of Payee The Pivot Group, Inc.		☐ Memo		of Public Distribution/Dissemination		
Mailing Address 1720 I Street, NW, Suite 550				Amount		
City	State	Zip Code	— r	6082.75		
Washington	DC	20006		action ID : EDTEALC33  of Disbursement or Obligation		
Purpose of Expenditure Mailer		Category/ Type 24A		11 02 7 2016		
Name of Federal Candidate:		Support	Office Sough	t: House District:		
Heck, Joe, , ,		x Oppose	Preside	ent State: NV		
Calendar Year-To-Date Per Election for Office Sought	7 1 7	39403.66	Disbursement 2016 Of	t For:		
(a) SURTOTAL of Itamized Independent Expanditures				28201.85		
(a) SUBTOTAL of Itemized Independent Expenditures						
(a) SUBTOTAL of Unitemized Independent Expenditures						
(a) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
OConnor, Rose, , ,	[Electronically Fil	ed] Date	M = M /	08 2016		

## SCHEDULE E (FEC Form 3X)

J J	LDOLL L (1 LO 1 OIIII OX)					
TEMI	ZED INDEPENDENT EXPENDITURES				PAGE 22 OF 22	
NAME	OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
	NAME OF COMMITTEE (In Full)  Protecting Choice in California, a project of Planned Parenthood  FEC IDENTIFICATION NUMBER ▼					
Affiliates of California					C C00556860	
Check	if 24-hour report 48-hour report	New repo	ort Amends rep	ort filed c	on Mam / Dad / Yayayay	
Fu	III Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination	
I	The Pivot Group, Inc.				11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Ma	ailing Address 1720 I Street, NW, Suite 550				Amount	
Cit		01-10	Zin Oada		6082.75	
Cit		State	Zip Code		6082.75	
	ashington	DC	20006		Transaction ID : EDTEALC34 Date of Disbursement or Obligation	
	ırpose of Expenditure Mailer		Category/ Type 24/	A	11 02 7 2016	
Na	ame of Federal Candidate:		Support	Office	Sought: House District:	
Tru	ump, Donald, , ,		<b>✗</b> Oppose		President Senate State:	
	Calendar Year-To-Date				sement For: Primary	
	Per Election for Office Sought		7358.36	2016	Other (specify)	
Fu	II Name of Payee		Memo	Item	Date of Public Distribution/Dissemination	
	he Pivot Group, Inc.		INICITIO	) Item	M M / D D / Y Y Y Y Y	
11 01 2016						
IVIC	ailing Address 1720 I Street, NW, Suite 550				Amount	
Cit		State	Zip Code	$\overline{}$	9953.60	
	/ashington	DC	20006		Transaction ID : EDTEALC35 Date of Disbursement or Obligation	
Purpose of Expenditure Mailer			Category/ 24E		11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
			Type 246			
Na	ame of Federal Candidate:		<b>✗</b> Support	Office	Sought: House District:	
Ma	asto, Catherine Cortez, , ,		Oppose		President Senate State: NV	
	Calendar Year-To-Date		20102.00	1	sement For: Primary 🗶 General	
	Per Election for Office Sought	7 7	39403.66	2016	Other (specify) ▶	
-						
(a) \$	SUBTOTAL of Itemized Independent Expenditures	j		•	16036.35	
				· I		
(a) SUBTOTAL of Unitemized Independent Expenditures						
(2) 7						
(a)	TOTAL Independent Expenditures			•	45115.30	
with	der penalty of perjury I certify that the independe n, or at the request or suggestion of, any candida ty committee) any political party committee or its	ate or authorized				
	OConnor, Rose, , ,	[Electronically File	edl D-4	M =	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
-	Signature		Dat	te 12	08 2016	